



# **Health Information Technology Council September Update**

September 8, 2014



# Agenda



## Today's Agenda:

1. Meeting Minutes approval [5 min]
2. Achieving Meaningful Consent [25 min] - John Halamka, BIDMC
3. Enterprise Consent Model for the Mass Hlway [25 min] Christine Griffin, Partners
4. Hlway Implementation & Support Update [15 min] – Darrel Harmer
  - Hlway Release Schedule Update
  - HISP-HISP Update
  - Query & Retrieve Pilot Update
  - Communications and Outreach Update
  - Hlway Operations Update
5. FY 2015 Hlway Targets [15 min] Darrel Harmer & Micky Tripathi
6. Wrap up [5 min]



## **Discussion Item 2:** Beth Israel Deaconess Medical Center - Achieving Meaningful Consent - John D. Halamka MD

## **Existing processes**

- General Consent form
- Medical Records release
- Example from the Social Security Administration

## The “push” use case

- Automating existing processes
- Organized Health Care Arrangement issues, affiliates, and third parties
- HIPAA Considerations

## **The “pull” use case**

- Meeting the needs of many stakeholders
- Putting the patients first
- Passing the Boston Globe Test
- The final solution
- Withdrawing consent



# Beth Israel Deaconess Medical Center

Boston, MA 02215

## GENERAL AGREEMENT

### General Information:

I request care from one or more of the following organizations, for treatment of my medical and/or health condition, and/or for the routine or intensive care of my child:

- Beth Israel Deaconess Medical Center (BIDMC)
- Harvard Medical Faculty Physicians at BIDMC (HMFP)
- Affiliated Physicians Group (APG)

This care may include medical tests, exams, or treatments that are needed for my (my child's) condition.

I agree to this treatment and care.

### Use and Disclosure of Medical Information:

BIDMC, HMFP, and APG may share with others and request from others my medical information for treatment, healthcare operations, and payment purposes, in accordance with the law.

- I agree to the sharing of my medical information for treatment, healthcare operations and payment purposes.
- I have the right to request a restriction or limitation on how my medical information is used or shared. I understand that these organizations may not be able to act on all of my requests.
- I have the right to take back my consent, in writing, except when my consent has already been acted upon.

### Insurance and Payment Information:

BIDMC, HMFP, and APG receive payment for patient care from insurance companies, Medicare, and/or other third party programs.

- I agree to let my doctor(s) and/or BIDMC submit claims and treatment information to my insurance program (private insurance, Medicare, etc.).
- I agree to have my insurance program make payments directly to BIDMC, HMFP, and APG.
- I understand that I must pay all charges, co-payments, and deductibles that are not covered by my insurance program.

### Permission to Communicate with Your Primary Care Physician, Other Community Care Providers and/or Mental Health Providers:

I understand that it is often necessary for my primary care doctor and other providers including mental health providers, to communicate with my insurance company. These communications may include information about my medical treatment and mental health or substance abuse treatment. This information is only what is necessary to figure out my insurance and/or to coordinate my care.

- I give my permission to communicate information about me either as an inpatient or an outpatient, as described above.

### Special Note about Mental Health Benefits:

I understand that if I am using my health insurance benefits to pay for mental health treatment, and/or substance abuse treatment, my insurance program may need some information from my clinician(s).

The information which insurance companies need for initial sessions of outpatient treatment is limited in its scope (i.e. diagnosis, type of treatment). However, if my outpatient treatment is to go beyond those initial sessions authorized by my insurance company, then additional information will need to be given to my insurer. If I am going to receive mental healthcare as an outpatient, I understand that my insurance company may have limits on the number of visits for which it agrees to pay. I need to stay informed of my plan's mental health benefits.

If I am going to receive mental health treatment as an inpatient, my insurer will request information from my clinicians about my hospitalization. This additional information allows my insurer to determine if the treatment is medically necessary and if payment for treatment will be authorized.

**Durable Medical Equipment:** Durable Medical Equipment (DME) is medical equipment to be used outside the hospital and at home. Examples of DME include nebulizers, wheelchairs and blood pressure monitors. I understand that it is my responsibility to obtain any DME that my healthcare professional says that I need. I am responsible for any and all costs not covered by insurance.

PATIENT'S NAME \_\_\_\_\_

MED. REC. # \_\_\_\_\_

DOB \_\_\_\_\_

Patient Identification



# Beth Israel Deaconess Medical Center

Boston, MA 02215

## GENERAL AGREEMENT

— continued —

PATIENT'S NAME \_\_\_\_\_

MED. REC. # \_\_\_\_\_

DOB \_\_\_\_\_

Patient Identification

**Release of Liability for Retention of Valuables:** I understand that it is not wise to keep personal valuables or belongings with me while I am in the Medical Center. I understand that the BIDMC staff is willing to keep my valuables safe by placing them in a secure location while I am in the Medical Center. I understand that if I keep my valuables with me, and they are either stolen or lost, BIDMC does not have any liability and they will not reimburse me for the item(s).

**The Healthcare Team:** Beth Israel Deaconess Medical Center is a teaching facility. I understand that treatment and care will be provided by a team of healthcare providers headed by a staff doctor. I understand that this healthcare team may include resident doctors, nurses, and clinical students / staff. These healthcare team members may also watch or take part in my treatment and care.

### Massachusetts Health Information Highway (Mass HIway):

Mass HIway is a secure computer program that allows healthcare providers to send medical records to each other. Any of my providers at BIDMC, HMFP, and APG may indicate on the Mass HIway (if applicable) that I am their patient. This will allow them to better coordinate my care with my other providers. The Mass HIway will only receive and store a small amount of demographic information about me (as listed on the Mass HIway information sheet). The information stored will *not* include my social security number. The Mass HIway will not receive or store any medical or financial information about me. If I agree to participate in the Mass HIway, I have the right to take back my consent, in writing, at any time. This will remove my information from the Mass HIway. It will mean that my providers cannot send records via the Mass HIway.

**Instructions for Patients:** Please complete section A and sign sections B and C.

**A. I have received an information sheet about the Mass HIway:** ☐ Yes ☐ No

I Agree to allow the Mass HIway to store my name and demographic information, and to store a record of my relationship with my providers. ☐ Yes ☐ No

**B. General Information:** I have read this form and I understand what it says. All of my questions have been answered in a language that I understand. I agree with the information on this form.

X \_\_\_\_\_ Patient's Signature \_\_\_\_\_ Print Name \_\_\_\_\_ **OR**

X \_\_\_\_\_ Signature of Person authorized to sign for patient \_\_\_\_\_ Print Name \_\_\_\_\_ and \_\_\_\_\_ Relationship to patient

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_:\_\_\_\_:\_\_\_\_ a.m. o p.m.

**B. Privacy Notice:** I have received copies of the BIDMC "Notice of Privacy Practices" and "Your Rights and Responsibilities as a Patient". BIDMC has the right to change privacy practices. Any changes will be effective for medical information BIDMC already has about me as well as information BIDMC receives in the future. I am aware that I may request an additional or revised copy of "Notice of Privacy Practices".

X \_\_\_\_\_ Patient's Signature \_\_\_\_\_ Print Name \_\_\_\_\_ **OR**

X \_\_\_\_\_ Signature of Person authorized to sign for patient \_\_\_\_\_ Print Name \_\_\_\_\_ and \_\_\_\_\_ Relationship to patient

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_:\_\_\_\_:\_\_\_\_ a.m. o p.m.

## Questions

- [jhalamka@bidmc.harvard.edu](mailto:jhalamka@bidmc.harvard.edu)
- <http://geekdoctor.blogspot.com>

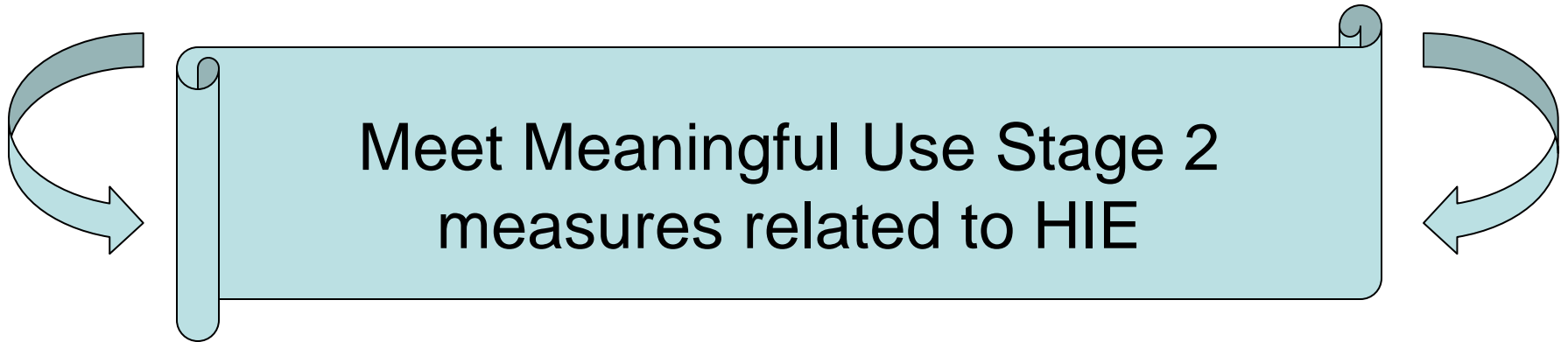


**Discussion Item 3:** Partner's Healthcare- Enterprise Consent Model for the  
Mass Hlway - Christine Griffin

# Objectives

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- Design and implement an enterprise on-line patient HIway consent model
- Collect patient consent one time
- Consistently apply patient choice throughout Partners Healthcare (including our EHR affiliates)



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We going to need a reliable, efficient and  
centralized way to track patient  
consent across the continuum...

...but how?

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# Existing processes

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- HIPAA Privacy Notice & Patient Acknowledgement Form
    - flag in local registration systems and Y/N stored at EMPI
  - Patient Portal
  - Release of Protected Health Information Form
    - paper
    - scanned
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# Strategy

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- Build HIway consent into PHS *e*-Care reg system
  - Sync with registration workflow
  - Use e-form, signature pads & update form status
    - “Received” (status auto populates when patient signs)
    - “Patient Refused” (staff selects this status if patient opts-out)
    - “Unable to Obtain” (staff selects this status if applicable)
  - Sites not live on *e*-Care are building or using existing flags in their local registration systems
  - *e*-Care and local systems interface with PHS EMPI
  - EMPI populates future encounter visits
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# Future state

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- Use patient portal to collect consent too
  - Portal interface with EMPI
  - Electronic Health Record displays patient consent opt-in or opt-out status for clinicians to use
-

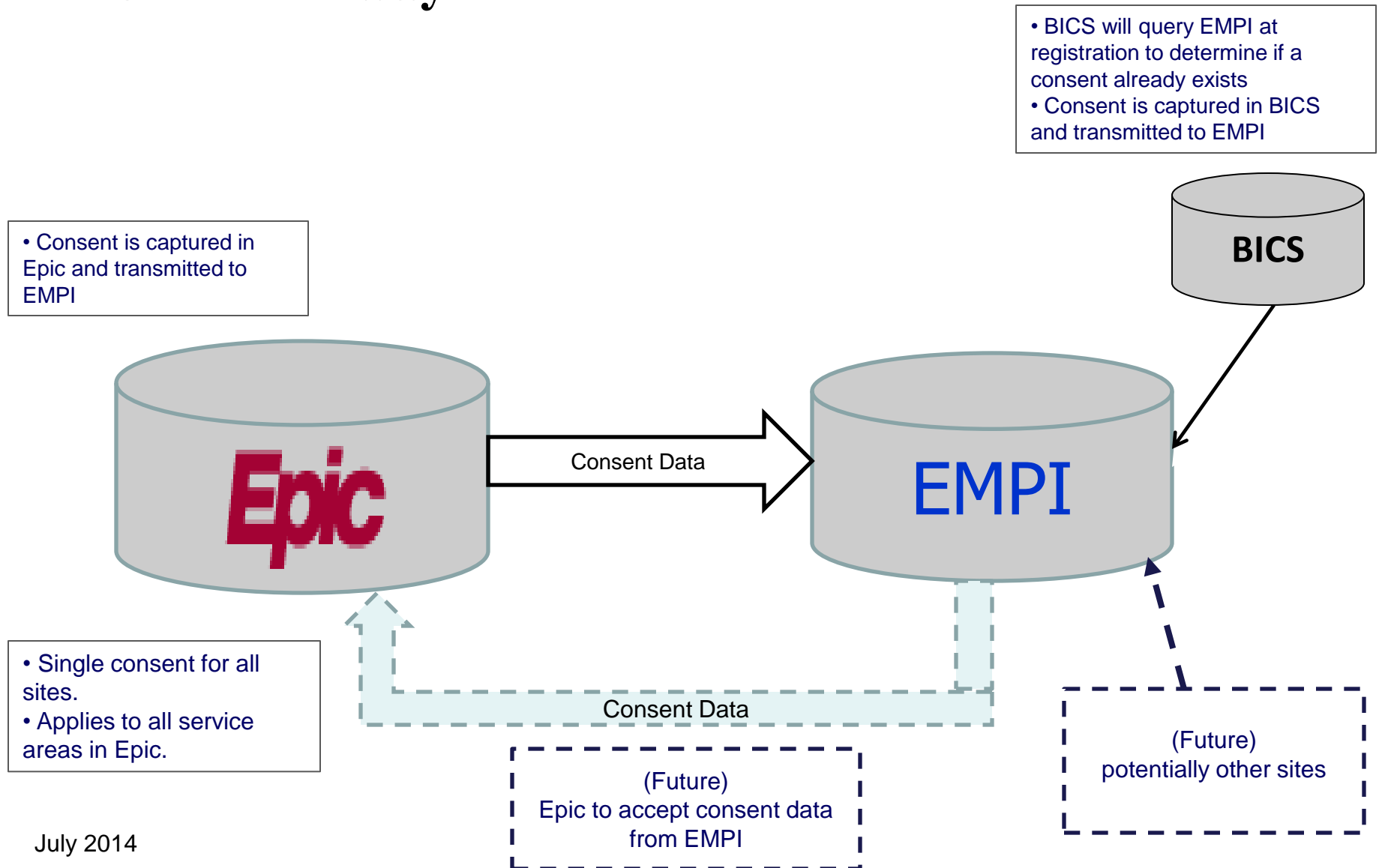
# HIway toolkits here...

The screenshot shows a Windows Internet Explorer browser window displaying the MGH Privacy & Security website. The address bar shows the URL: <http://intranet.massgeneral.org/hipaa/index.html>. The website header includes the MGH logo and the text "MASSACHUSETTS GENERAL HOSPITAL". The main navigation bar features the title "MGH Privacy & Security" and links to "Glossary of Terms", "Site Map", "Contact Us", and "A A A". A left sidebar contains a menu with the following items: Information Security, Policies, Protecting Our Patients' Privacy (POPP), References & Regulations, Social Media, Support, and Training. The main content area is titled "The Massachusetts Health Information Highway (MA HIway) Toolkit Materials" and lists 12 items:

1. Mass HIway Table of Contents
2. MGH is Ramping Up
3. MGH is Ramping Up to Opt-In (English)  
Standard Register Order# 87136
4. MGH is Ramping Up to Opt-In (Spanish)  
Standard Register Order# 87172
5. The Mass HIway: Fact Sheet for Patients (English)  
Standard Register Order# 87134
6. The Mass HIway: Fact Sheet for Patients (Spanish)  
Standard Register Order# 87170
7. MA HIway Consent Form (English)  
Standard Register Order# 87135
8. MA HIway Consent Form (Spanish)  
Standard Register Order# 87171
9. Instructions for Opting-in Patients
10. Epic Screen Shot Document Table
11. Mass HIway: Q&A Script for Staff
12. Opt-In! The Mass HIway Consent Project Presentation

The bottom of the browser window shows the Windows taskbar with various application icons and the system clock displaying 4:02 PM on 9/4/2014.

# Enterprise Consent Data Model for MA HIway





# Team Participation

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- HIway Consent Implementation Workgroup
    - Met weekly since 2/12/14 to drive consent solution
      - Health Information Services
      - Information Systems
      - Patient Access - Registration Areas
      - PeCare
      - Providers
      - Legal
  - Endorsed and supported by senior leadership via HIE Steering Committee
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# Next steps

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- Establish governance and structure to effectively “operationalize” HIE
  - Transition Consent Implementation workgroup into HIE Operating Committee
    - set goals and objectives for 2014/2015
    - align with other existing committees and efforts to accomplish goals, create efficiency and value
    - determine required membership to get started
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## Discussion Item 4: Mass Hlway Update

- Hlway Release Schedule Update
- HISP-HISP Update
- Query & Retrieve Pilot Update
- Communications and Outreach Update
- Hlway Operations Update



# HIway Release Schedule



## Mass HIway 2014 Development Timeline

Activity	Target date
Opioid Treatment Program Node Go-Live	Complete
Cancer Registry Node Go-Live	Complete
Webmail Upgrade Go-Live (CCDA Editor, shared folders to support SEE application)	Complete
Meditech XDR Solution Go-Live (enables providers to send/receive Direct messages from their Meditech EHR)	Complete
HISP to HISP Solution Go-Live (see detailed slide by vendor)	Complete
Healthcare Provider Portal R1 (Provider Directory Bulk Load & Cert Mgmt.)	Complete
Healthcare Provider Portal R2 (Enrollment self-service & PD and cert mgmt. enhancements) Additional releases	October 2014 thru 2015 Q1
eReferral Phase 1 Node Go-Live (enables bi-directional communication on health related targets given from HPOs to CBOs such as YMCA, Tobacco quit lines, etc.)	
Release 1 (SFTP)	Complete
Release 2 (HIway integration)	Complete
Childhood Lead Paint Poison Prevention Program (CLPPP) Node Go-Live	Complete
Relationship Listing Service R2 (Web service access, eMPI tuning, Provider Notifications, etc.)	Complete
Children's Behavioral Health Initiative (CBHI) Go Live On-boarding – Phase 1	December 2014 March 2015



# HISP to HISP Connectivity



HISP Vendor	Connection Progress				
	Kickoff	Onboarding	Testing	Hiway Prod Readiness	Live/Target Date *
<b>SES (eLINC)</b>					May 2014
<b>Alere</b>					June 2014
<b>ADS/ DataMotion</b>					July 2014
Surescripts					Sept 2014
eClinicalWorks					Sept 2014
McKesson					Sept 2014
<b>Inpriva</b>					Aug 2014
Medfx					Q4 2014
NexJ					Q4 2014
Aprima					Sept 2014
athenahealth					Q4 2014
AllScripts					Q4 2014
ClaimTrak					Q4 2014



# Query & Retrieve Pilot Update



- The 4 Query & Retrieve pilot organizations will meet again on September 11<sup>th</sup> to discuss progress and goals for number of relationships posted to the RLS based on roll out plan
- All sites are on track to begin sending patient-consented demographics to the Relationship Listing Service in late summer/early Fall
  - BID: Rolled out to 6 ambulatory sites on 8/26. Preliminary results expected mid September and will update Mass HIway with feedback from sites.
  - Tufts: Targeting early September
  - Holyoke: Targeting September
  - Atrius: Targeting September/October



## User Support

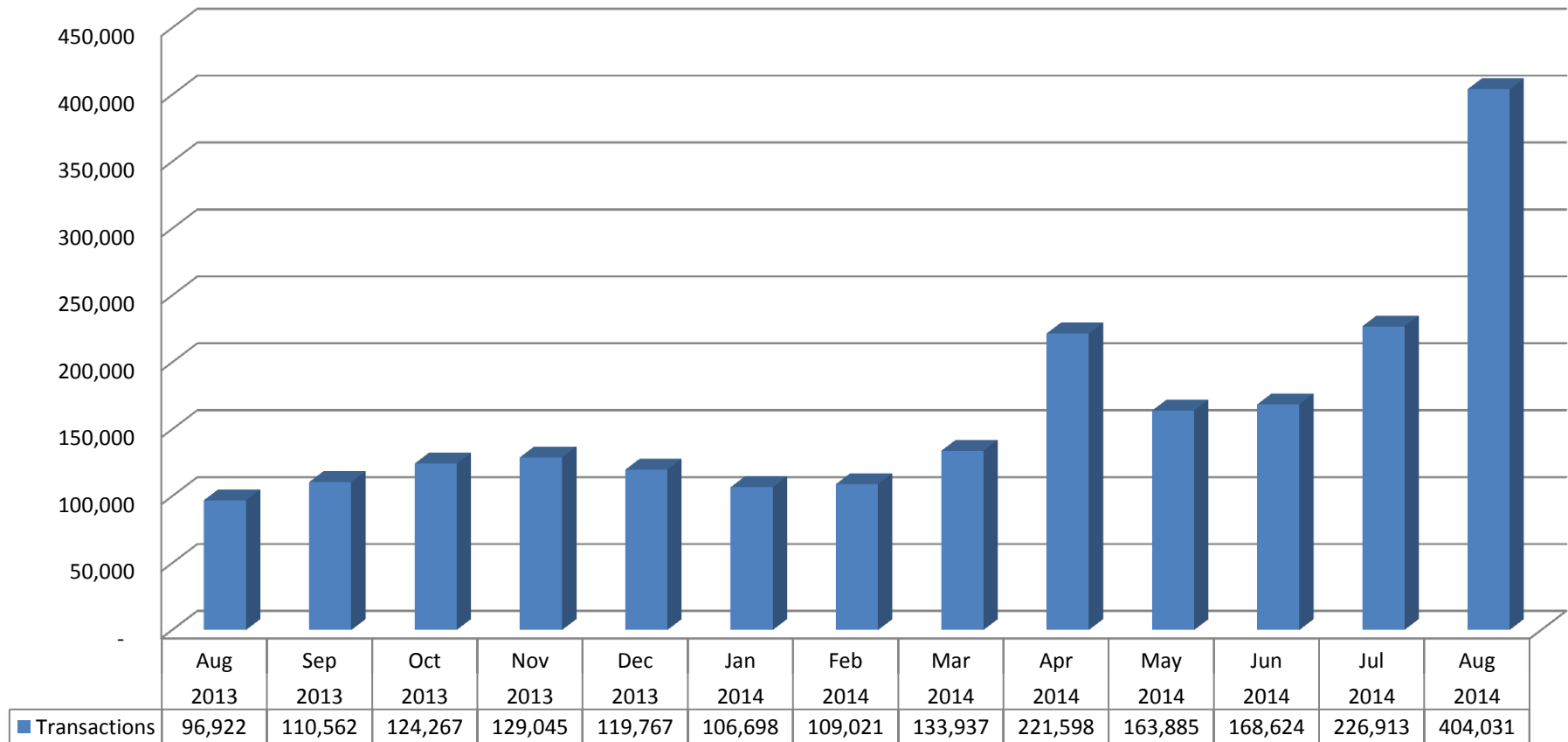
- Survey conducted, data reviewed. Customers generally happy.
- Priority groups identified, outreach started.
  1. “Implementation”- working on connecting. Primary issue: Vendor readiness
  2. “Production”- should be transacting. Primary issues: trading partner readiness, organizational readiness.
- Educational sessions scheduled
  - “Operationalizing Opt In”- BIDMC/MGH presenting. September 11<sup>th</sup> 12-1
  - “Effective and Proper Use of Provider Directory”- MAeHC/Hiway presenting. October 9<sup>th</sup> 12-1
- User Facing Documentation
  - Priority user facing documents in work. Includes Implementation Guides and Vendor connection documents.
- Outreach, Operations, Production Support teams meeting weekly.
- Leadership teams meeting September 5<sup>th</sup>, organization-wide meeting late September
- New masshiway.net to launch mid- September



## August Transaction Activity

**404,031 Transactions exchanged during August**

**3,415,546 Total Transactions (inception to date)**







## August Participation Activity

### **4 New Participation Agreements completed in August:**

- Ashraf Farid, MD
- Elder Services of the Merrimack Valley, Inc.
- Mass Ave Dental, LLC.
- Salmon VNA & Hospice

**Current Total = 225\* Mass HIway Organizations**

**\*Total adjusted to reflect 1 additional organization previously listed but not counted.**



## August Connection Activity

### **2 New Organizations Went Live in August:**

- Adam Paszkowski, MD
- John Howland, MD

**Current Total = 169 Mass HIway Connections**



## Discussion Item 5: FY 2015 HIway Targets



# Conceptual Framework



- **We want the HIway to be used in ways that improve the quality, safety, affordability, and efficiency of health care in the Commonwealth**
- **The HIE can contribute to those goals by:**
  - Expanding Breadth: More of the market using the HIway
    - Number of organizations
    - Market penetration
  - Expanding Depth: Market using the HIway in more ways
    - Volume of transactions
    - Range of use cases
- **Goal of metrics is to:**
  - Set internal targets for HIway team
  - Set external targets for public accountability
  - Build internal and external momentum



- **Expanding Breadth: More of the market using the HIway**
  1. Organizations using the HIway (# customers)
  2. Market penetration (% of total organizations in each market segment)
- **Each organization doing more on the HIway**
  - Volume of Transactions
    3. # of organizations sending/receiving production transactions
    4. % of live organizations sending/receiving production transactions
    5. # of transactions per segment (month-on-month growth, year-on-year growth)
  - Range of Use Cases
    6. # of different use cases in production
    7. # of organizations transacting in each use case
    8. % of each market segment transacting in each use case
- **Use of metrics**
  - Create targets for measures 1-4: these are measures HIway can influence
  - Report descriptive statistics on measures 5-8: HIway has limited influence over these measures



# Preliminary FY 2015 Targets



From Rate Card				Status as of 6/30/14				FY 2015 Targets	
Tier	Sub-Tier	Category	Customer base (est)	# PAs	# Live	# in production	% in production	# in production	% in production
Tier 1	1a	Large hospitals	14	9	8	4	29%	9	64%
	1b	Health plans	9	3	3	1	11%	3	33%
	1c	Multi-entity HIE	5	1	1	0	0%	tbd	tbd
	1d	Commercial imaging centers & labs	tbd	0	0	0	tbd	2	tbd
Tier 2	2a	Small hospitals	37	30	22	12	32%	30	81%
	2b	Large ambulatory practices (50+)	11	5	1	1	9%	5	45%
	2c	Large LTCs	8	0	0	0	0%	4	50%
	2d	ASCs	63	0	0	0	0%	4	6%
	2e	Ambulance/Emergency Response	39	1	1	0	0%	5	13%
	2f	Business associate affiliates	5	1	1	1	20%	3	60%
	2g	Local government, public health	tbd	1	1	1	tbd	tbd	tbd
Tier 3	3a	Small LTC	310	12	11	1	0%	12	4%
	3b	Large behavioral health	10	2	2	0	0%	3	30%
	3c	Large home health, LTSS	15	4	4	1	7%	5	33%
	3d	Large FQHCs (10-49)	10	9	7	3	30%	9	90%
	3e	Medium ambulatory practices (10-49)	365	7	5	1	0%	15	4%
Tier 4	4a	Small behavioral health	90	17	8	0	0%	17	19%
	4b	Small home health, LTSS	134	6	5	3	2%	10	7%
	4c	Small FQHCs (3-9)	29	0	0	0	0%	5	17%
	4d	Small ambulatory practices (3-9)	1595	8	3	1	0%	80	5%
Tier 5	5a	Small ambulatory practices (1-2)	4010	78	66	2	0%	200	5%
tbd		Category tbd	tbd	2		0	tbd	tbd	tbd
		<b>Total</b>		<b>196</b>	<b>149</b>	<b>32</b>		<b>421</b>	

- High goals set for segments that are well-defined and already have high traction
- “In Production” goals of ~5% set for segments with large and diffuse makeup (small LTCs, medium and small ambulatory practices)



# Key Assumptions & Challenges



- **Assumptions**

- Much of the anticipated growth in physician connections to the HIway will likely come from HISP connections (eCW, SureScripts, etc.)
- Major driver for increased use of Direct Messaging by hospitals is getting enough of their trading partners on the HIway for them to interact with – ambulatory practices and LTPAC entities
- Populating RLS is key driver, and hospitals have the most usable and most valuable information

- **Challenges**

- How to get physicians using the HIway when they are behind the wall of another network?
  - HIway will have limited means for knowing who they are, how many there are, and what they are doing
- Ability of the HIway team to effectively track and report on usage given limited data retained on HIway organizations and transactions (by design)



## Discussion Item 6: Wrap Up





## HIT Council 2014 Meeting Schedule\*:

- January 13
- February 3
- March 10
- April 7
- May 5
- June 9
- July 7 (cancelled)
- August 4
- September 8
- **October 6**
- November 3
- December 8

*\*All meetings to be held from 3:30-5:00 pm at One Ashburton Place, 21st floor, Boston, unless otherwise noted*